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"INFORMATION RELATED TO PRIVATE TRANSPORTATION COMPANIES"

PRIVATE TRANSPORTATION COMPANY (PTC) FREQUENTLY ASKED QUESTIONS

What is a Private Transportation Company (PTC)?

On December 16, 2016, Bill 55 (2016), CD1, FD1 became a duly enacted ordinance §16-38. This codified the term Private Transportation Company to include two separate types of ground transportation operations comprised of traditional Taxicab operations and Transportation Network Company (TNC) operations.

What is the difference between a Taxicab and a TNC?

A taxicab is operated by a taxi driver, used in the movement of passengers for hire on the public highway, directed by the passenger or on their behalf and is operated by call and demand.

A TNC is used in the movement of passengers for hire on the public highway that uses a digital network or software application service to connect passengers to TNC drivers to be transported in a driver's personal vehicle. The software application establishes the total fare and automatically deducts the amount due from the customer's pre-established account. No cash transactions or street hails are allowed.

Both Taxicab Companies and TNCs are required to certify their drivers of the following requirements:

Valid State of Hawaii driver's license.

One year minimum driving experience.

Seven (7) year criminal background check which includes a Multi State / Multi Jurisdictional Criminal Locator or other similar validated nationwide database.

National Sex Offender Public Website check.

Medical fitness review.

Driving abstract review.

Sufficient understanding of:

Applicable laws, rules and regulations.

Locations of streets, roads and landmarks.

Ability to communicate with passengers.

Ability to respond to emergency situations.

Safe and clean condition of PTC vehicle.

How do I make a complaint against a driver or company?

If you have a question or complaint concerning the service you received, your initial point of contact is directly to the company. Their telephone number is listed on the driver's certificate and on your receipt. If the company is unable to reach a satisfactory resolution; you may file a complaint with the City. Please call the Motor Vehicle Control Section at (808) 768-2530, for more information.

How can I be a PTC driver?

Contact the Taxicab Company or TNC that you are interested in being affiliated with. They will inform you of the exact program requirements and will conduct the necessary checks and issuance of certificates to operate.

If you are interested in operating as an <u>independent</u> taxicab driver, information can be found by reviewing the following resource link: https://www.honolulu.gov/rep/site/csd/INDEP_TAXI_INFO-.pdf or contact the City and County of Honolulu, Motor Vehicle Control Section for further information at (808) 768-2530.

What are the requirements to become a Taxicab Company or Transportation Network Company?

This information can be found by reviewing the following resource link;

Taxicab Company; https://www.honolulu.gov/rep/site/csd/TAXI CO INFO 01302017-1.pdf Transportation Network Company;

https://www.honolulu.gov/rep/site/csd/TNC_INFO_01302017.pdf

Other links:

http://www4.honolulu.gov/docushare/dsweb/Get/Document-189311/DOC007%20(28).PDF http://files.hawaii.gov/tax/legal/taxfacts/tf2015-31-1.pdf

Private Transportation Company (PTC)

Independent Taxi Driver

The Honolulu City Council passed Bill 55 on December 01, 2016 to take effect on January 15, 2017 with a 60 day grace period for compliance of March 16, 2017. Bill 55 will become a Revised Ordinance of Honolulu (ROH) 16-38 relating to Private Transportation Companies and Drivers. A PTC operation is comprised of one of two different public transportation modes; either as a Taxi or a TNC.

Currently, the City & County of Honolulu, Customer Services Department (CSD) is tasked with the duty of certifying <u>independent</u> taxi drivers. An <u>independent</u> taxi driver is defined as when the Private Transportation Driver (taxi) and the Private Transportation Company are one and the same person.

Prior to dropping off your application packet, a review the following resource links is recommended to familiarize yourself with the rules, regulations and requirements;

Application - https://www.honolulu.gov/rep/site/csd/Independent Taxicab Form IA.pdf

Medical / mental fitness form -

https://www.honolulu.gov/rep/site/csd/MEDICAL REPORT Final 01272017.pdf

ORD 16-38 - http://www4.honolulu.gov/docushare/dsweb/Get/Document-189311/DOC007%20(28).PDF

CSD Rules - http://www.honolulu.gov/rep/site/csd/rules/taxicabruleseff051905.pdf

GET - http://files.hawaii.gov/tax/legal/taxfacts/tf2015-31-1.pdf

HAR - https://hdoa.hawaii.gov/wp-content/uploads/2012/12/AR-101.pdf

The initial process begins at the Motor Vehicle Control Section; 1112 Kapahulu Avenue, (808) 768-2530. An application of intent to operate as a PTC Independent Taxi Driver must be submitted with the necessary documents, forms and application fee (Makai or Oceanside office trailer, Ewa or Westside drop-off widow at top of stairs). At drop-off, the applicant must provide the following documentation and / or form samples or are subject to:

- A seven (7) year national criminal background check which includes a Multi-State / Multi-Jurisdiction Criminal Locator or other similar validated nationwide database and National Sex Offender Public Website search.
- Current certified driving abstract extending back two (2) years from the time the application.
- Certification that the applicant is physically and mentally fit to be a PTC Driver and is free of any known medical condition that would put the passenger at risk.
- Valid Hawaii State driver license.
- At least one (1) year driving experience.
- At least twenty-one (21) years of age.
- Proof of liability insurance (original rider).
- General Excise Tax License.
- Annual registration fee of \$25.00 on a cashier's check made payable to the "City and County of Honolulu". The check will be held in abeyance until your application has reviewed and approved.

A review of the required documents will be conducted. Upon approval, the applicant will be notified and referred to the Driver Licensing Branch located in Kapalama Hale at 925 Dillingham Boulevard, for testing. Upon satisfactory completion, the applicant will receive a PTC Driver Certificate and a certification number.

This certification number must be prominently posted on the front and rear bumpers and on the rear of the taxi dome light. The certification number shall be no less than two (2) inches in height. The applicant shall return to MVC to acquire a PTC Vehicle Inspection.

CONTINUED: Independent Taxi

At the time of the vehicle inspection, the applicant must provide the following documentation and / or form samples or are subject to:

- Valid Hawaii State driver license.
- Valid PTC Driver Certificate.
- Proof of registration in the name of the driver, or proof of authorization from the registered owner for the driver to operate the vehicle as a private transportation driver.
- Current Periodic Motor Vehicle Inspection (safety check).
- Proof of Hawaii Motor Vehicle Insurance (card).
- Receipt sample.
- Rate chart.
- Taximeter:
 - o License.
 - o Validation decal.
 - o Lock intact.
- Inspection of vehicle interior and exterior overall safe condition.

Private Transportation Company (PTC)

Taxi Company

The Honolulu City Council passed Bill 55 on December 01, 2016 to take effect on January 15, 2017 with a 60 day grace period for compliance of March 16, 2017. Bill 55 will become a Revised Ordinance of Honolulu (ROH) 16-38 relating to Private Transportation Companies and Drivers. A PTC operation is comprised of one of two different public transportation modes; either as a Taxi or a TNC.

Currently, the City & County of Honolulu, Customer Services Department (CSD) is tasked with the duty of issuing the annual PTC Taxi Company Registration. As a registered PTC Taxi Company, in addition to complying with all regulatory requirements, you are also responsible for certifying your drivers compliancy, the issuance of their PTC Taxi Driver Certificate, vehicle compliance inspections and your company and driver's operational compliancy with all applicable rules, regulations and ordinances.

The initial process begins at the Motor Vehicle Control Section; 1112 Kapahulu Avenue, (808) 768-2530. An application for PTC Annual Registration to operate as a PTC Taxi Company must be submitted with the necessary documents, forms and application fee (Makai or Oceanside office trailer, Ewa or Westside drop-off widow at top of stairs). At drop-off, the applicant must provide the following documentation and / or form samples:

☐ Trade Dress (Logo or Identifier) Sample and placement information.
Annual fee: \$1000.00 The annual registration fee shall be paid at time of application drop off and on a
cashier's check made payable to the "City and County of Honolulu". The check will be held in abeyance until
your application has reviewed and approved.

After receiving your annual registration, you may now begin certifying your drivers and vehicles.

Prior to submitting your application, review the following resource links to familiarize yourself with the rules, regulations and requirements;

Application - https://www.honolulu.gov/rep/site/csd/Application Taxi Company IA.pdf

ORD 16-38 - http://www4.honolulu.gov/docushare/dsweb/Get/Document-189311/DOC007%20(28).PDF

CSD Rules - http://www.honolulu.gov/rep/site/csd/rules/taxicabruleseff051905.pdf

GET - http://files.hawaii.gov/tax/legal/taxfacts/tf2015-31-1.pdf

HAR - https://hdoa.hawaii.gov/wp-content/uploads/2012/12/AR-101.pdf

	neck box if Renewal 2021	
A ania	oned Company Identifier	

APPLICATION FOR PRIVATE TRANSPORTATION COMPANY REGISTRATION Independent Taxicab Driver

I hereby certif	y that I intend to operate as an inde	pendent taxi driver i	under the
Name	•	•	
	and utilizing the dome name:		
Company Name	<u></u>	Dome Name	
Address	Contact / Complaints Phone Number Company e-ma		ail
Owner / Authorized Agent	Address	Driver License N	No. / Expires
Company type:	General Excise Tax Number:		
Liability Insurance Company:			
	I	Policy Number	Expiration
Minimum Liability: Injury / Death Per Person			
Injury / Death Per Person	Per Accident	Property I	Damage
Applicant's Name: Print	Signature	Titl	le
			40
Official Use Only		Da	te
Amount Paid: Registration Nu	ımber		
Date of Issue: Expiration I	Date:		
Items requ	ired to be submitted with application.		
PTC applicant's policies, procedures and document s	samples for compliance with the following	7.	
 □ PTC Liability Insurance Policy □ Hawaii Driver's License / minimum age (21) requ □ Physical / Mental Fitness Certification □ Seven (7) year national criminal background checonother similarly validated nationwide database sear □ National Sex Offender Public Website search □ Certified traffic abstract (Conducted within thirty □ Two (2) passport photos (Taken within thirty (30) □ General Excise Tax License □ Annual registration fee: \$25.00 Note: An addition driver certificate (valid for two years.) 	k, Multi-State / Multi-Jurisdictional Crimrch (30) days of application submittal.) days of application submittal.)		wal of a taxi

Call the Motor Vehicle Control Section at (808)768-2530 to schedule an appointment to drop off the required application, documents, and payment. The annual fee shall be paid at time of drop off by cashier's check payable to the "City and County of Honolulu". The check will be held in abeyance until your application has been reviewed and approved.

Additional informational links:

ROH 16-38 - http://www4.honolulu.gov/docushare/dsweb/Get/Document-89311/DOC007%20(28).PDF

CSD Rules - http://www.honolulu.gov/rep/site/csd/rules/taxicabruleseff051905.pdf

GET - http://files.hawaii.gov/tax/legal/taxfacts/tf2015-31-1.pdf

HAR - https://hdoa.hawaii.gov/wp-content/uploads/2012/12/AR-101.pdf

PRIVATE TRANSPORTATION COMPANY DRIVER MEDICAL CERTIFICATION REPORT

Appl	icant's Name: First	Middle	Last
Hawa	ii Driver License Number:	Company Name:	
NOTICE TO Please take thi	APPLICANT: s form to a <i>licensed</i> medical doctor or any other compet n Company (PTC). You are responsible for any expense i	ent authority acceptable to y nvolved.	our affiliate Private
Your affiliate of Transportation	company will review your medical report and determine y n Driver.	our fitness to safely provide	e services as a Private
The applicant the applicant's	MEDICAL EXAMINER: as submitting documentation to provide the affiliate Priva physical and mental fitness and ability to provide service und Transportation Industry.	nte Transportation Company without posing an unneces	y information used in determining sary hazard to the Public within
ability to safely hazard to safely	e this form so the applicant's affiliate company may proper transport persons for hire. If your examination reveals provide this service, please provide this information and or any professional fee for this examination. Your medical	conditions, that in your prob d consult with other authori	ties, if necessary. The applicant
Yes No	IN MY OPINION, THE APPLICANT IS PHYS PROVIDING SERVICES AS A PRIVATE TRAN	SICALLY AND MENTAI ISPORTATION DRIVEI	LLY CAPABLE OF R.
	RECOMMEND A SUPPLEMENTAL PERFOR	mance test by the	AFFILIATE COMPANY.
	I DO NOT HAVE ANY MEDICAL OR MENTA ABILITY TO PROVIDE SERVICES AS A PRIV	L CONDITION(S) THA ATE TRANSPORTATIO	AT MAY IMPAIR MY ON DRIVER.
Signature and prin	ted name of reporting licensed medical doctor or any other ty acceptable to the affiliate company.	Medical license number:	Address:
x		Specialty:	Phone No.:
Signature and prin mental condition the Driver.	ted name of applicant self-certifying that $\mathbf I$ do not have a medical or nat may impair my ability to provide services as a Private Transportation	Address:	Phone No.:
The AUTHORI	ZATION FOR RELEASE OF MEDICAL INFORMA d kept for your records.	TION form is for your pro	tection; it should be signed by
·,,	AUTHORIZATION FOR RELEASE OF	MEDICAL INFORMATION	 NC
I hereby authorize certification as a	te the release of my medical history to my affiliated Priva Private Transportation Company Driver by:		
Name of licensed medical do	ector or any other competent authority		
Signature of applicant	Date		

☐ Check box if Renewal 2021	
Assigned Company Identifier	

APPLICATION FOR PRIVATE TRANSPORTATION COMPANY REGISTRATION (2 Or More Drivers)

I hereby ce	ertify that I intend to operate as a	☐ Taxicab Compan	y Ietwork Company (TNO
Name		Transportation 1	otwork Company (1140
under the	and utilizing the dome r	name:	
under theCompany Name		Dor	ne Name
Address	Contact / Complaints Phone Number	Compan	y e-mail
Owner / Authorized Agent	Address	Pho	ne Number
Company type:	General Excise	e Tax Number:	
Liability Insurance Company:			
		Policy Number	Expiration
Applicant's Name: Print	Signature		Title
Official Use Only			Date
Amount Paid: Registration	Number		
Date of Issue: Expiration			
<u>Items re</u>	quired to be submitted with applic	ation.	
□ Trade Dress (Logo or Identifier) Sam □ General Excise Tax License □ Annual fee: \$1000.00	ple and placement information.		
If dropping off your renewal packet, pleaschedule an appointment. The annual fee payable to the "City and County of Hono 1112 Kapahulu Avenue, Honolulu, Haw	e shall be paid at time of drop off a blulu". Renewal packets can also b	nd on a cashier's ch	eck made
Additional informational links:			

 $\frac{http://www4.honolulu.gov/docushare/dsweb/Get/Document-189311/DOC007\%20(28).PDF}{http://files.hawaii.gov/tax/legal/taxfacts/tf2015-31-1.pdf}$

DEPARTMENT OF CUSTOMER SERVICES CITY & COUNTY OF HONOLULU

DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS MOTOR VEHICLE CONTROL SECTION P.O. BOX 30350 HONOLULU, HAWAII 96820-0350

Dome Name:		
Vehicle identifier: A	Vehicle inspection date: _	

DOME LIGHT AND VEHICLE INDENTIFIER INSPECTION REQUIREMENTS

The dome light shall be:

- 1. Made of a durable, non-glare, translucent, heat and waterproof material.
- 2. Internally illuminated.
- 3. Amber or yellow in color.
- 4. No more than 6 ½", or not less than 4" in height, excluding any mounting base.
- 5. No more than 6 ½", or less than 5" in width at the base, excluding any mounting base.
- 6. No more than 24", or less than 18" in length, excluding any mounting base.
- 7. Oblong in shape.
- 8. Labeled with the company "dome" name on the front vertical surface with a minimum font size of 2".
- 9. Labeled on the rear of the dome with the assigned vehicle identifier number that is black in color, with a minimum font size of 2" (company dome name and / or telephone number optional affixed below the identifier number).

BUMPER IDENTIFIER REQUIREMENTS

The bumper identifier number shall be:

- 1. Prominently affixed to the vertical surface of the:
 - a. Passenger side of the front bumper.
 - b. Driver side of the rear bumper.
- 2. Minimum font height of 2".
- 3. Prominently displayed and contrasting in relation to the bumper color such as; black on chrome, white on black, black on white, etc.

ADDITIONAL REQUIRED

Current:

- 1. Hawaii Driver License.
- 2. Hawaii Automobile Insurance Card.
- 3 Taxi meter license, meter validation decal and intact meter lock (State of Hawaii, Measurement Standards Branch - 1851 Aulki Street).
- 4. Motor vehicle registration certificate.
- 5. PMVI (safety check) certificate and decal.
- Taxi rate card.
- 7. Trip log.
- 8. Copy of receipt.